

032904

16698 U.S.PTO

+

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 3500.018061.

First Named Inventor or Application Identifier

MASAHIRO KAWASE

Express Mail Label No. \_\_\_\_\_

7581 U.S.PTO  
10/840580

032904

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:**Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-14501.  Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)7.  CD-ROM or CD-R in duplicate, large table or Computer  
Program (Appendix)2.  Applicant claims small entity status.  
See 37 CFR 1.27.8.  Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)3.  Specification Total Pages 26a.  Computer Readable Form (CRF)4.  Drawing(s) (35 USC 113) Total Sheets 7

b. Specification Sequence Listing on:

5.  Oath or Declaration Total Pages 1i.  CD-ROM or CD-R (2 copies); ora.  Newly executed (original or copy)ii.  paper  
c.  Statements verifying identity of above copiesb.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 17 completed)i.  **DELETION OF INVENTOR(S)**Signed Statement attached deleting  
inventor(s) named in the prior application, see  
37 CFR 1.63(d)(2) and 1.33(b).6.  Application Data Sheet. See 37 CFR 1.76

| ACCOMPANYING APPLICATION PARTS          |  |                          |                            |
|---|--|--------------------------|----------------------------|
| 9. <input checked="" type="checkbox"/>  | Assignment Papers (cover sheet & document(s))                              |                          |                            |
| 10. <input type="checkbox"/>            | 37 CFR 3.73(b) Statement<br>(when there is an assignee)                    | <input type="checkbox"/> | Power of Attorney          |
| 11. <input type="checkbox"/>            | English Translation Document (if applicable)                               |                          |                            |
| 12. <input type="checkbox"/>            | Information Disclosure Statement (IDS)/PTO-1449                            | <input type="checkbox"/> | Copies of IDS<br>Citations |
| 13. <input type="checkbox"/>            | Preliminary Amendment  |                          |                            |
| 14. <input checked="" type="checkbox"/> | Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)    |                          |                            |
| 15. <input type="checkbox"/>            | Certified Copy of Priority Document(s)<br>(if foreign priority is claimed) |                          |                            |
| 16. <input type="checkbox"/>            | Other: _____   |                          |                            |
|   |  |                          |                            |
|   |  |                          |                            |

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation     Divisional     Continuation-in-part (CIP) of prior application No. \_\_\_\_/\_\_\_\_\_  
 Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 18. CORRESPONDENCE ADDRESS

05514

(Insert Customer No. or Attach bar code label here)

or

 Correspondence address below

|         |           |          |  |
|---------|-----------|----------|--|
| NAME    |           |          |  |
|         |           |          |  |
| Address |           |          |  |
|         |           |          |  |
| City    | State     | Zip Code |  |
| Country | Telephone | Fax      |  |

+

| CLAIMS | (1) FOR  | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE                      | (5) CALCULATIONS                        |
|--------|--|------------------|------------------|-------------------------------|---|
|        | TOTAL CLAIMS<br>(37 CFR 1.16(c))   | 12-20 =          | 0                | X \$ 18.00 =                  | \$ -0-                                  |
|        | INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))                                     | 2-3 =            | 0                | X \$ 86.00 =                  | \$ -0-                                  |
|        | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))                 |                  |                  | \$290.00 =                    | \$ -0-                                  |
|        |  |                  |                  | BASIC FEE<br>(37 CFR 1.16(a)) | \$ 770.00                               |
|        |  |                  |                  |                               | Total of above Calculations = \$ 770.00 |
|        | Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28). |                  |                  |                               |   |
|        |  |                  |                  |                               | TOTAL = \$ 770.00                       |
|        |  |                  |                  |                               |   |

## 19. Small entity status

- a.  A small entity statement is enclosed
- b.  A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c.  Is no longer claimed.

20.  A check in the amount of \$ 770.00 to cover the filing fee is enclosed.21.  A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a.  Fees required under 37 CFR 1.16.
- b.  Fees required under 37 CFR 1.17.
- c.  Fees required under 37 CFR 1.18.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

|           |   |
|-----------|---|
| NAME      | Carl B. Wischhusen (Reg. No. 43,279)  |
| SIGNATURE |  |
| DATE      | March 26, 2004  |